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ABSTRACT

This conference address examines the question of whether "memory work"--using therapeutic techniques to help clients recover suspected hidden memories of childhood sexual abuse--has led some clients to develop illusory memories or false beliefs. Prospective research on memory for childhood trauma indicates that the gist of traumatic childhood events tends to be well-remembered. Other research suggests that survivors of multiple traumas are less likely to forget that they have had such experiences than are survivors of isolated traumas. Memory for childhood trauma is not perfect, and it is very likely that some adult survivors of childhood sexual abuse do not consciously remember that such abuse occurred. It is stated that complete forgetting of extensive histories of extreme abuse is a very rare phenomenon. Further it is argued that a search for suspected hidden memories of childhood trauma is bad therapy because there is no empirical evidence that such an approach is helpful, and because there is a very large converging literature indicating that such an approach puts clients and their families at grave risk of harm. The speech concludes that sexual abuse of children is a bigger problem than are iatrogenic false memories. Contains 35 references. (JBJ)

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Psychotherapy and Memories of Childhood Sexual Abuse

APA Invited Address

14 August 1995

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Abstract

This address undertakes simultaneously to (a) underscore the reality and importance of childhood sexual abuse as a widespread social problem with harmful consequences and (b) convince trauma-oriented practitioners of the potential risks of psychotherapeutic techniques and ancillary practices used to foment the recovery of memories of suspected hidden histories of childhood sexual abuse. It is argued that although there is a tension between these two concerns they are by no means contradictory.

Psychotherapy and Memories of Childhood Sexual Abuse

I am going to address the question of whether or not "memory work"--that is, therapeutic techniques used to help clients recover suspected hidden memories of childhood sexual abuse--has led some clients to develop illusory memories or false beliefs. This is the most emotionally and politically volatile issue I've ever encountered. Talking about it demands considerable care and sensitivity on the part of both speakers and listeners. I have tried my best to put care and sensitivity into the preparation of this talk, and I hope that you will respond in kind. You may disagree with some or all of what I say, but I hope that you will credit me with good faith and sincerity.

In a 50-minute talk, I can only touch on some of the most important points. For more detailed treatments, I refer you to a special issue of Applied Cognitive Psychology, published last year, and to a forthcoming article by Don Read and myself in a new APA journal called Psychology, Public Policy, and the Law (Lindsay & Read, 1995).

It may be helpful, in understanding my presentation, to have a sense of where I am coming from personally. I approach this issue from two perspectives: On the one hand, I consider myself a feminist, at least under some definitions of that term. On the other hand, I am a cognitive psychologist whose research over the past 10 years has focused on memory errors and distortions. These dual perspectives, together with the relevant scientific research literature, inform my opinions about memory work and recovered memories of childhood sexual abuse.

If we are to understand this controversy, and respond to it in ways that minimize harm, we must view it in its cultural/historical context. The history of the sexual abuse of children is an important part of that context, as is the history of the physical, sexual, political,

and economic oppression of women. Briefly put, it is a history of century after century during which various forms of physical and sexual abuse of children and women have been common. Over the past few centuries, Western societies have been making slow and uneven progress toward recognizing and responding to these problems, and, thanks largely to grass-roots efforts undertaken as part of the women's movement, in the past few decades dramatic progress has been made, but that progress has been hard-won, and childhood sexual abuse continues to be a major social problem.

People who were sexually abused as children often manifest a variety of psychological problems in adulthood. The relationship between childhood sexual abuse and subsequent adulthood psychopathology appears particularly strong for the more extreme forms of abuse, such as repeated contact abuse by a close family member. Of course, some survivors--even of quite extreme kinds of abuse--appear asymptomatic, and many of the same psychological problems associated with abuse histories can arise from many other causes as well. So at this point we cannot reliably discriminate between abuse survivors and clients whose problems have other etiologies on the basis of presenting symptoms alone. But the main point is that childhood sexual abuse is harmful.

Finkelhor's (1994) review of retrospective self-report studies of the prevalence of childhood sexual abuse indicates that, as a conservative estimate, approximately 20% of U.S. women report having experienced some form of sexual abuse as children, and 5% report childhood abuse involving penetration or oral-genital contact. This overhead presents data on father-daughter sexual abuse from several studies (Table 1). I've focused on father-daughter sexual contact because this form of abuse has been the focus of proponents of memory work and because there is evidence that this form of abuse is particularly likely to have long-lasting

harmful effects. Finkelhor noted that approximately half of all reports are of extra-familial abuse, that many are of one-time instances, and that one third of the perpetrators of reported abuse are said to have been under age 18 years when the abuse occurred; taken together, these observations suggest that the most extreme kinds of abuse, such as repeated father-daughter intercourse, are reported by only a small percentage of respondents in large-scale retrospective self-report studies. However, such studies likely underestimate prevalence; some survivors may choose not to report remembered abuse, and others may not remember the abuse. Moreover, there are more than 100 million women in North America, so even narrow definitions of childhood sexual abuse and conservative prevalence estimates yield millions of survivors.

We bandy the word "millions" around pretty freely these days, and I wanted to do something to dramatize the meaning of such numbers. So I thought I'd put a million dots on an overhead (Figure 1). Unfortunately, it turns out that a million dots looks like a smooth grey. This overhead has about 38,000 dots, so it would take 26 such overheads to make up just 1 million. The point here is that child sexual abuse is an important social problem that has harmed millions of North Americans. It is incredibly important that we do not let the current controversy about recovered memories undermine our society's fledgling efforts to prevent such abuse, to detect and support survivors, and to prosecute and treat perpetrators.

An awareness of the harmfulness of childhood sexual abuse, of its shocking prevalence, and of our culture's long-standing tradition of minimizing its reality, helps one understand the development and popularization of abuse-oriented memory work among some practitioners in the late 70's and throughout the 80's and early 90's. It also helps one understand the response of many therapists, social workers, child and victim advocates, and

others to the claim that memory work can lead to illusory memories or false beliefs of childhood sexual abuse. Viewed in historical/cultural context, it is perfectly understandable that this claim has been dismissed as yet another instance of backlash, yet another example of the desire to deny the reality of child sexual abuse. My view is that anti-feminist backlash and our culture's desire to minimize child sexual abuse have contributed to the popularization of claims regarding false memories. However, I am also convinced that memory work has led some people to develop false memories or beliefs of abuse that never really occurred.

I want to make it clear that my comments do not concern delayed disclosures of never-forgotten abuse, even if those disclosures occur in therapy. Many survivors of child sexual abuse did not disclose the abuse at the time, and many avoid thinking about it--let alone talking about it--and may not appreciate the destructive role it has played in their lives. Moreover, lots of good therapy is directed toward helping adult survivors who have always known of their abuse histories come to terms with them. My comments are not directed at such therapy. Instead, they focus on cases in which people who seek therapy for help with problems such as depression, anxiety, relationship difficulties, or eating disorders, and who do not initially report abuse histories, are encouraged to search for hidden memories of childhood trauma. The sorts of cases I have in mind are nicely described in this quote:

> *Before they come for analysis the patients know nothing about these scenes. They are indignant as a rule if I warn them that such scenes are going to emerge. Only the strongest compulsion of the treatment can induce them to embark on a reproduction of them. (Freud, 1896)*

Therapeutic searches for hidden memories, which Freud later abandoned, have gained renewed popularity in the past decade. It is important to emphasize that approaches that

focus heavily on memory work have been taken by only a small minority of the thousands of psychotherapists, psychiatrists, counselors, clinical social workers, clerical counselors, and other providers of insight therapies in North America. Later, I will mention some data on the prevalence of such approaches, but for the moment I want only to emphasize that it is indisputable that a small percentage of therapists have used such approaches.

One of the key beliefs underlying the use of memory work with clients who report no history of childhood sexual abuse is that survivors--and especially survivors of extreme abuse--are often unaware of their abuse histories. Research on autobiographical memory provides little support for this belief. It is true that instances of abuse that occurred during the first two years of life are unlikely to be recollected in adulthood, regardless of efforts to remember them, due to the well-established phenomenon of infantile amnesia, which has been observed in non-humans as well as humans. It is also true that adults typically can recollect only some of their childhood experiences, and we've all had the experience of being reminded of events that we hadn't thought of for decades. Furthermore, some responses to trauma, such as redirecting attention during a traumatic event or avoiding thinking about it later, may increase the likelihood of forgetting childhood traumas. But other factors mitigate against the forgetting of traumas. Briefly, highly salient events tend to be well remembered.

In the past decade or so a number of studies of memory for traumatic experiences have been reported, some of which are listed on this overhead (Table 2). I've restricted this list to studies in which the traumas were quite extreme--seeing a parent murdered, surviving a direct lightning strike, living through a sniper attack, experiencing painful and embarrassing medical treatments--but there are also a number of studies of memory for mildly stressful events, such as receiving inoculations or dental treatment. None of these studies support the idea that

children routinely "repress" or otherwise entirely forget extreme traumas experienced beyond the age of 4 or 5 years of age, such that they would require memory work to recover the memories.

My inclusion of some of these studies may surprise you, because they have sometimes been cited as evidence for the commonness of entirely forgetting the occurrence of trauma. For example, forgetting of childhood sexual abuse has been likened to PTSD in combat vets, but combat vets with PTSD are not amnesic for having been in combat. Terr's studies of child trauma survivors have been cited as support for the idea that many abuse survivors do not know that they were abused, but Terr's results do not really support this conclusion except for children who were very young when the trauma occurred. Williams's prospective study of childhood sexual abuse survivors has been cited as evidence that many survivors are unaware that they experienced abuse, but in fact 88% of her subjects reported childhood sexual abuse in the course of a single interview that did not involve memory recovery techniques, and it is possible that some of the 12% who did not report any childhood sexual abuse were very young when the recorded instance occurred, and that some others may have remembered but chose not to report the recorded abuse.

Clinical psychologists Koss, Tromp, and Tharan (1994) recently published a review of literature on memory for trauma, and I agree with their conclusions. Prospective research on memory for childhood trauma indicates that the gist of traumatic childhood events tends to be well-remembered. Other research suggests that survivors of multiple traumas are less likely to forget that they have had such experiences than are survivors of isolated traumas. Memory for childhood trauma is not perfect, and it is very likely that some adult survivors of childhood sexual abuse do not consciously remember that such abuse occurred. This is

especially plausible if the abuse occurred fairly early in childhood, consisted of one or a few isolated episodes, or was not particularly salient at the time. In some such cases, memories might be retrieved given appropriate cues. But the research on memory for childhood trauma does not support the idea that survivors of repeated and extreme abuse are often unaware that they have such histories. In my view, other findings offered in support of the idea that people commonly entirely forget childhood traumas, such as surveys showing that people who now remember childhood sexual abuse often report past periods during which they did not remember the abuse, are deeply, fundamentally flawed as evidence of the commonness of amnesia.

Thus I believe that complete forgetting of extensive histories of extreme abuse is a very rare phenomenon. It follows that recovery of previously unknown histories of extreme abuse is rarer still. Yet in the past decade many North Americans have experienced such recovered memories. Numerous cases have been described in professional and popular books and articles and in the mass media. For example, Bass and Davis's The Courage to Heal includes 15 testimonials, 8 of which indicate that the author experienced recovery of previously unknown histories of abuse. Here are some examples, starting with a quotation from the preface:

I remember calling Ellen one day a few months after I'd first remembered the incest . . .

Laura Davis in Bass & Davis, 1989

When we started using hypnosis, I got to the first memory. Then I started to remember incidents without hypnosis . . . It took me two years to clearly remember what had happened.

"Judy Gold" in Bass & Davis, 1989

When I first started having actual memories of incest with my mother, I had a hard time

believing them. It was over a year before I believed that it was my mother who raped me.

"Anna Stevens" in Bass & Davis, 1989

I didn't remember anything about the abuse until I was 48 years old. That's when I remembered the incest. Seven or eight years after that, the ritual abuse started breaking through. "Annette" in Bass & Davis, 1989

We were in couples therapy when I had my first flashback . . . I kind of started with the margins of the memory and then worked my way in. More and more pieces kept fitting in. At first it was hard to believe them . . . "Alicia Mendoza" in Bass & Davis, 1989

I checked myself out of the hospital. Within a week, Frank [therapist] and I did a five-hour session and it all came up. We used a drug called MDMA as a therapeutic tool . . .

Gizelle in Bass & Davis, 1989

I've drawn examples from The Courage to Heal because it has been described as the bible of the incest recovery movement. The book is said to have sold more than 750,000 copies. In Poole, Lindsay, Memon, and Bull's (1995) survey of U.S. doctoral psychotherapists who work with women clients, half of the respondents reported recommending the book to clients. It received the highest possible rating in a survey of 500 APA psychotherapists conducted by the authors of a recent guide to self-help books, who said that the book was highly recommended for clients who have even an inkling that they may have been abused (Santrock, Minnett, & Campbell, 1994). But other books and articles provide many similar examples of memory recovery. Recent surveys of therapists and of clients further attest to the widespread occurrence of this memory-recovery phenomenon. Yet other cases have been described in court cases. The False Memory Syndrome Foundation claims to be tracking 800 legal actions against parents accused of sexual abuse on the basis of recovered memories, as

well as 200 legal actions against therapists. The Foundation also claims to have been contacted by thousands of parents who say they have been accused on the basis of recovered memories. Some of these cases may not really involve memory recovery, and some of the parents may in fact be guilty, but it is also likely that the majority of parents accused on the basis of recovered memories do not contact the FMSF. Finally, many of my colleagues and I have been inundated, over the last few years, with telephone calls from lawyers, accused parents, and people who have recovered memories.

Thus substantial numbers of North Americans have experienced memory recovery in recent years. As argued previously, data on the nature of memory for childhood traumas suggest that this phenomenon should be very rare, especially for the more extreme, memorable kinds of abuse, which are themselves relatively rare but which often figure in recovered memory cases. It would be irresponsible to claim that all recovered memories of previously unknown childhood sexual abuse are iatrogenic illusions, but I believe that some--perhaps many--of them are.

My goal in what remains of this talk is to convince skeptics of the potential risks of memory work, and to do it in a way that does not undermine support for survivors of abuse. In my view, the situation is analogous to others in the history of psychology in which a therapeutic approach turned out to be harmful. For example, my mom tells me that when she was a young nurse working in a psychiatric ward in the 1940s they gave multiple sessions of high-voltage electroconvulsive shock therapy to all sorts of patients. We now know that ECT was used with too few safeguards, too high a voltage, too many sessions, and too many different kinds of patients, and that many people were harmed by it. That knowledge in no way questions the motivations of those who delivered such treatments, nor does it question

the reality of the problems they were trying to treat with ECT. Similarly, my comments about memory work in no way deny the reality of childhood sexual abuse and its effects, and I do not question the motivations of those who have used such techniques.

To get where I'm going in this paper, I have to talk a bit about general theories of the nature of autobiographical memory. Memory is often described as though it were akin to a sensurround video library. According to this metaphor, each event in our past experience is recorded on a tape, which is stored somewhere in the head, and remembering consists of playing back a particular tape. Tapes may be misplaced, and parts of them may fade, but the central mechanism of remembering is locating and playing back a discrete, stored record.

This reified notion of memories and remembering cannot be correct. The idea that memory consists of discrete traces, one for each experience, and each stored in particular locations in the brain, is being replaced by the metaphor of parallel distributed processing, in which memory is a byproduct of use of the cognitive system and memory information is not stored in discrete little packages but rather is distributed across large and complex networks. Furthermore, it is clear that people can have the subjective experience of remembering even if they do not have any directly corresponding autobiographical memory information to retrieve--that is, people can experience illusions of remembering. This is most dramatically evident in people with certain kinds of organic brain damage, who confabulate extraordinarily detailed and convincing "memories" of things that didn't really happen, but similar (if less florid) memory illusions have often been observed in normals. There have been dozens of studies demonstrating that peoples' knowledge and beliefs often distort their recollections of past events. Researchers have also induced illusions of remembering in laboratory studies. For example, Colleen Kelley and I, following up on ideas developed by Larry Jacoby, found

that when people are given recall cues that cause non-studied items to pop to mind at test, they often falsely report that they remember studying those items (Lindsay & Kelley, in press).

People also sometimes misidentify the specific source of memory information. No doubt you have, on occasion, misremembered who it was who said or did a particular thing, whether an event happened last week or the week before, whether you saw the movie or read the book, etc. Marcia Johnson and her co-workers refer to the processes by which people identify the sources of memory information as "source monitoring" (Johnson, Hashtroudi, & Lindsay, 1993). Source monitoring confusions occur when memory information from one source is misidentified as memory from another source. "Reality monitoring" refers to a particular type of source monitoring: discriminating between memories of events perceived in the past versus memories of events merely imagined, dreamt, or thought about in the past. Again, most of you have likely experienced reality monitoring confusions, such as thinking you had locked your front door when really you had only thought about doing so, or thinking that something you had dreamt about had actually occurred. Such memory errors have been studied quite a bit, and we know a fair amount about them. Generally speaking, anything that makes memories of an imagined event similar to memories of actual events, such as enhancing the vividness of imagery, increases the likelihood of errors, as does lowering the criteria by which people identify the sources of their memories. One particularly interesting finding from Johnson and her co-workers' research is that repeatedly thinking about an imagined event tends to make remembering it more and more similar to remembering an actual event.

The intersection between these general ideas about memory and the debate about recovered memories comes into sharpest focus in research on eyewitness suggestibility.

Research in this area has a 100-year history, but the modern era started with work reported in the 1970's by Elizabeth Loftus. In the standard procedure, people first witness or experience some event, then receive verbal misleading suggestions about that event, and later are asked to remember the event. Over the last two decades dozens of studies have shown that people who receive misleading suggestions regarding details in a witnessed event often later falsely report the suggested details as things they witnessed in the event itself. The absolute size of this effect varies dramatically, from negligible to huge, and debate continues about the cognitive processes that underlie it, but its robustness and reliability have been established beyond question. Not only do misled people often make erroneous reports, they often make them with considerable confidence. Under some conditions, misled people seem to really think that they remember witnessing things that were merely suggested to them, and observers often cannot tell which reports are based on accurate memories and which are based on memories of suggestions.

Some have argued that because the participants in research studies are not all trauma survivors, research on memory suggestibility cannot be generalized to trauma survivors. First, this argument entirely misses the point: Concern about suggestive memory work focuses on its potential ill-effects on clients who, like many of the people in the studies, are not trauma survivors. Second, in any case there is little reason to believe that trauma survivors are less suggestible than other people--in fact, the opposite may be the case. Others have argued against generalizing from studies of memory suggestibility because the studies do not involve psychotherapy clients in situations that directly mirror therapy. I see little reason to assume that therapy clients are less suggestible than others, and the suggestive power of some therapy situations, which I will describe shortly, dwarf those of research

studies.

A third argument against generalization is that the false memories created in research studies are not false memories of childhood sexual abuse. This argument will never be directly refuted by experimental research, because ethics bar researchers from testing the hypothesis that suggestions can lead people falsely to believe that they were sexually abused by their parents. But the argument is not so strong as it might appear. First, there are documented real-world cases in which people recovered memories that are demonstrably false or extremely implausible. Second, recent studies have offered relatively close analogies to false memories of childhood sexual abuse: Skeptics can always argue that the analogies are imperfect, but the onus shifts to explaining why one should not generalize in the interest of parsimony. Third, I would argue that, when in doubt, therapists have a moral responsibility to minimize the risk of harming their clients. By analogy, if small doses of a drug were shown to cause blindness in rats, one would not continue prescribing the drug on the grounds that the studies differed too much from the clinical situation; rather, one would stop using the drug until it was shown to be safe.

It is true that many studies of memory suggestibility involved false memories of trivial details in a humdrum event. It is also true that, all else being equal, it is much easier to create false memories of trivial details than it is to create false memories of dramatic real-life experiences. So, for example, a single passing suggestion about a trivial detail in a video tape can lead many people falsely to report that they remember seeing the suggested detail in the video, but a single passing suggestion about childhood sexual abuse would be extremely unlikely to lead people falsely to report remembering non-experienced abuse.

The likelihood that suggestions will lead to false memories depends on several factors.

These can be divided into two major categories: First, all else being equal, people are more susceptible to suggestions about things that they do not remember very well. For example, a long delay after witnessing or experiencing the event in question generally increases susceptibility to suggestions. Similarly, people may be more susceptible to suggestions regarding childhood events than to suggestions regarding adulthood events. Second, people are more likely to be influenced by "strong" suggestions than weak ones. Many factors determine the overall strength of suggestions, including the perceived authority of the source of the suggestions, perceived plausibility of the suggestions, repetition of suggestions, factors that enhance imagery of suggestions, and factors that lower people's response criterion.

So what's my point? My point is that the approaches to memory work that most alarm me combine many and sometimes all of the factors that have been shown to increase the likelihood that people will develop illusory memories or false beliefs. In some cases, the therapist, a trusted authority, communicates a rationale for the plausibility of hidden memories of long-ago childhood trauma, by telling the client that many people with his or her symptoms have hidden memories, that the client's physical symptoms and dreams evidence them, that doubt is sometimes a sign of "denial," and that healing depends upon recovering hidden memories of childhood trauma. Often clients receiving memory work are repeatedly exposed to suggestive information from multiple sources, such as anecdotes in popular books, other survivor's stories, comments and interpretations offered by the therapist, etc. Such information may provide a "script" for recovering memories and self-identifying as a survivor, as well as suggestions about particular details. Memory work often involves techniques such as hypnosis, guided imagery, sodium amytal, etc., which enhance imagery and lower response criterion such that people are more likely than they would normally be to interpret thoughts,

feelings, and images as memories. The therapist may also endorse the client's abuse-related reports as accurate memories, and counter the client's expressions of doubt. These converging suggestive influences often unfold gradually over a period of weeks or months of therapy sessions, sometimes supplemented with homework exercises, self-help books, and survivors' meetings. I want to emphasize that such approaches need not be overtly coercive--that is, the therapists may neither intend to be nor be perceived as coercive, but rather as a caring guide through uncharted territory.

It is these sorts of long-term, multifaceted approaches to memory work, which combine many of the factors that contribute to the formation of false memories, that most alarm and worry me. We know that some therapists have used such approaches. Some have published descriptions of such approaches in books and articles in both the professional and popular press, others have released therapy notes in court cases that attest to the use of extraordinarily suggestive searches for suspected hidden memories, and former clients have provided yet other accounts. Of course, most therapists who use memory work do not use all of the suggestive techniques and approaches I've enumerated. Approaches to memory work range along a continuum, from those that pose little or no risk to those that pose substantial risk of leading clients to develop illusory memories. My concern focuses on those that use particularly risky techniques, or a combination of techniques, to help clients search for suspected hidden memories.

How prevalent are such approaches? We really do not know, but recent survey results suggest that potentially risky approaches to memory work are not the exclusive domain of a tiny fringe of unqualified therapists. For example, Yapko (1994) surveyed hundreds of practitioners attending workshops and conventions, and found a truly frighten

prevalence of erroneous beliefs concerning the reliability of hypnosis as a tool for helping people remember early childhood events. The results of Poole, Lindsay, Memon, and Bull's national survey of 145 U.S. doctoral therapists who work with women clients, randomly sampled from the National Register of Health Service Providers in Psychology, was reassuring in some ways but alarming in others. On the one hand, most respondents indicated that searching for hidden memories of childhood trauma is not a central focus of their therapy. On the other hand, 75% indicated that they had made at least some use of special techniques, such as hypnosis and guided imagery, with the specific aim of helping clients recover memories of childhood sexual abuse. There was virtually no agreement about which techniques should and should not be used. Collectively the respondents listed a huge range of symptoms (e.g., sexual dysfunction, relationship problems, low self-esteem, depression, anxiety, sleep disorders, eating disorders, born-again Christianity, etc.) as "indicators" of childhood sexual abuse, and there was very little agreement about which symptoms are indicators. Furthermore, 25% reported a constellation of beliefs and practices that, in my view, justify concern. This minority indicated that they believe that it is important for survivors to remember their abuse for therapy to be effective, that they are sometimes "fairly certaint" after the first session with a client who reported no abuse that s/he had in fact been abused, AND that they use two or more special techniques to help clients remember childhood sexual abuse. These criteria are too lax to limit this subgroup to those who use the most extreme and suggestive approaches, but they are sufficient to warrant concern. This subgroup, who reported working with a collective total of 3,542 women in the previous 2 years, reported very high rates of memory recovery among their clients. In view of our relatively small sample size (145) and relatively low return rate (40%), these findings may

overestimate the prevalence of memory work among U.S. doctoral psychotherapists, but even if the sample is assumed to be maximally non-representative (i.e., even if 100% of those who did not return the survey do not use memory work), the results are still staggering.

I mentioned earlier that researchers have recently reported studies that offer reasonable analogies to false memories of childhood sexual abuse. Let me describe a few examples. First, consider research on hypnosis. In a study by Nash et al. (1986), highly hypnotizable subjects were hypnotized, age regressed to age 3 years, and asked to recall any "transitional objects:" all 14 subjects reported transitional objects, but only 3 matched with mother's report; non-hypnotized control subjects were significantly more likely to recall actual transitional objects, as confirmed by mothers' reports. More generally, when people are hypnotically age-regressed to early childhood, they often take on childlike speech and mannerisms, but, as reviewed by Nash (1987), such behavior rarely accurate resembles that of children, and waking control subjects instructed to pretend to be age regressed do just as well. Nash also noted that equally dramatic and convincing portrayals are demonstrated when people are hypnotically age-advanced to an age of 70 or 80 years. Similar points have been made about people supposedly regressed to past lives. In a particularly germane study, Spanos and co-workers suggested to people that hypnosis would enable them to remember past lives. Some subjects were also told that in earlier times many people were abused as children. Subjects given such instructions and then hypnotized sometimes provided detailed narratives describing their supposed past lives, and those who were told that abuse was common in earlier times were much more likely to report that they were abused in their past life. More generally, dozens of studies have shown that although hypnosis often increases the amount of material that people report, and often increases their confidence in their

accuracy, much of the added material is false.

Hypnosis is not required to produce false memories of dramatic life experiences. For one thing, other relaxation and imagery-enhancing techniques, such as guided imagery, likely have the same sorts of effects on memory errors as hypnosis. Moreover, false memories can be induced without such techniques. For example, Loftus recently completed a replication of her well-known lost-in-the-mall pilot study (Loftus & Pickrell, in press). In the replication, 6 of 24 subjects reported remembering a suggested, mildly traumatic, early childhood experience that other family members indicated had not occurred. Ira Hyman and his colleagues have conducted a series of studies similar to those of Loftus. In Hyman's procedure, undergraduate students are asked to recall several different childhood events, including one event that their parents' reports indicate had not occurred (e.g., knocking over a punchbowl at a wedding reception at age 5 years). Hyman has reported four such studies so far. In all of them, people very rarely reported remembering the suggested false event in the first interview, but in a second interview, conducted a few days later, between 20% and 27% claimed to remember the suggested non-event, and some of these provided detailed descriptions and expressed considerable confidence in their new memories. It is particularly interesting that Hyman found that people who scored high on the DES were substantially more likely to report "remembering" the suggested event (r = .48).

Colleen Kelley, David Amodio, and I are in the midst of a study that more closely mirrors memory work in therapy, in that we do not suggest the occurrence of a particular event but rather of a general class of events. In our procedure, right-handed undergraduates perform a series of tests that, we tell them, may be able to detect people born with a left-hand preference. After performing the tests, some subjects are told that the results indicate that

they were probably born with a right-hand preference. Others are told that the results indicate that they may have been born with a left-hand preference. We make it clear that our test is new and tentative, and that we are not really sure if it works. We ask all of the subjects to do some take-home exercises over the next few days to see if they can remember any early childhood experiences that might have encouraged them to switch from a left-hand preference to a right-hand preference. Some of the subjects who were told that the test results indicated a possible innate left-handedness were also given instructions, modeled after exercises in The Courage to Heal, that asked them to suspend judgment about any thoughts and images that came to mind when trying to remember handedness-shaping experiences. Later, subjects completed a questionnaire about their memories.

So far, 0 of 7 subjects in the right-handed diagnosis condition have reported remembering early childhood experiences of being discouraged from using their left hand. In contrast, 3 of 7 in the left-handed diagnosis condition, and 6 of 10 in the left-handed plus lax memory monitoring condition, reported such memories (Chi square (df=2, N=24) = 6.45, $p < .05$). Here are some examples:

> I remember my mother saying, "We don't eat with our left hands" . . . I remember my siblings making fun of me and would call me names of left-handed people whenever they saw me doing anything with my left hand, so that I would stop doing it . . . A very faint image of my left hand reaching for something but not being allowed to take it until I reached with my right.

We asked people to rate the likelihood that they were born left-handed (on a 5-point scale). There was a reliable effect of condition, $F(2, 21) = 9.30$, $p < .002$. The mean rating for the left-handed plus lax memory-monitoring condition was directionally above the mid-point. of

the scale--that is, these people were inclined to say that they really were born left-handed.

Obviously, the procedures used in these studies create quite powerful suggestive influences. For example, the Spanos past-life studies draw on the mystique of science and the power of hypnosis. The Loftus and Hyman studies draw on family authorities as the alleged source of the suggestions, and use two interviews. The Kelley et al. study again draws on the mystique of science, and has subjects spend an hour working on conjuring up memories. I agree that these are powerfully suggestive influences, but compared to those used in some forms of memory work they are positively wan.

I am not confident that the evidence and arguments I have presented will convince those who use memory work that their approaches are risky. In Poole et al.'s survey, most of our doctoral-therapist respondents with clients who had recovered memories expressed great confidence in their clients' new memories, regardless of the memory recovery techniques used to recover them. Interestingly, many respondents expressed concern about the suggestiveness of other techniques. Given the lack of agreement about which techniques are the safe ones, this is a bit paradoxical. Even the respondents whose approaches struck us as the most risky said that it is possible for clients to experience false memories and beliefs, yet indicated that this did not happen with their own clients. One respondent, for example, said "At this center, we suspect that all borderlines have been abused . . . and we suspect all eating disorders may be sexually abused." She said that her strategy begins by suggesting to the client that she may have been abused, followed by an initial 2-hour session of hypnotic age-regression with subsequent monitoring of dreams for "affirmation of this direction," supplemented with dream interpretation, interpretation of physical symptoms, use of family photographs, journalling, and art therapy to help clients recover suspected hidden memories.

Yet this respondent commented that "It is very important not to lead the hypnotized subject!"

Research in social cognition sheds light on how well-intended trauma-oriented therapists could come to hold undue confidence in their ability to detect clients with hidden histories of childhood sexual abuse, misplaced faith in the safety of their approaches, and lack of insight regarding their suggestiveness. Research indicates that people are often unaware of the extent to which they influence those with whom they interact. Also, humans often rely on heuristics--that is, cognitive shortcuts--and are susceptible to various biases that can lead us to be very confident in beliefs that are false. Knowing about such heuristics and biases does not always allow one to escape them, and various aspects of the therapy situation may conspire to make these human frailties all the harder to avoid. Knowing about these heuristics and biases does, however, help us understand the many examples in the history of the healing arts and sciences in which would-be healers used interventions that harmed the people they wanted to help.

So where does this leave us? Do my arguments suggest that a large proportion of adults who report childhood sexual abuse are deluded? Hell no--most people who were sexually abused as children don't recover previously unknown memories via memory work, because they never forgot that they were abused. Do my arguments suggest that all memories of childhood sexual abuse that emerge in therapy are false? No, from the outset my comments have focused on people who undertake suggestive memory work and subsequently recover memories that are fundamentally different from their prior memories and beliefs. I'm not even arguing that all reports that do emerge from such an approach are necessarily false. What I am arguing, and I hope clearly and forcefully, is that searches for suspected hidden

memories of childhood trauma are bad therapy: Bad therapy because there is no empirical evidence that such approaches are helpful and because there is a very large converging literature, some of which I have briefly touched on in this talk, that indicates that such approaches put clients and their families at grave risk of harm.

In conclusion, I want to say, point blank, that sexual abuse of children is a bigger problem than is iatrogenic false memories. Childhood sexual abuse has been going on for centuries, it has harmed many millions of people, and it is a tremendously difficult problem to fix. In comparison, the problem of iatrogenic illusory memories and false beliefs is of recent origin, has harmed far fewer people, and is relatively easy to fix. I am confident that we can eliminate any substantial risk of iatrogenic false memories without reducing sensitivity to or support for survivors, and I call on the community of psychologists to work together toward these dual goals.

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Table 1. Sample findings from retrospective self-report studies of the prevalance of childhood sexual abuse in North America.

--Finkelhor's ('94) review of retrospective self-report studies of prevalence: 20% of U.S. women report CSA; 5% report CSA involving penetration or oral/genital contact.

--Russell ('83): 4.5% reported actual or attempted contact CSA by fathers.

--Wyatt ('85): 1.6% reported contact CSA by fathers.

--Finkelhor et al. ('90): 2% reported contact or noncontact CSA by fathers.

--Half of reports are of extrafamilial abuse, many are of one-time instances, and 1/3 of offenders 18 years of age or younger.

Table 2. Studies of memory for traumatic experiences.

Source	Population
Many researchers	Combat vets
Kraft '94	Holocaust survivors
Wagenaar & G. '90	"
Williams '94	CSA survivors 17 yrs later
Malmquist '86	Child witnesses to parental homicide
Pynoos & Eth '84	"
Green et al. '94	Flood survivors 17 yrs later
Dollinger '85	Child survivors of lightning
Femina et al. '90	Survivors of CPA 9 yrs later
Terr '88, '91	Case studies of child trauma
Howe et al. '94	Children in hospital ER
Goodman et al. '94	Children getting VCUG
Ornstein et al. '95	"
"	Child emerg plastic surgery
Stuber et al. '91	Child bone transplants
Pynoos & Nader '89	Child sniper attack survivors
Parker et al. '95	Child hurricane survivors